

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 417)

SERIAL NO.
1026482

FILING DATE

CLAIMS						
	AS FILED		AFTER IN ALLOCATION		AFTER IN ALLOCATION	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
1	1		1		1	
2		1		1		1
3		1		1		1
4		1		1		1
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6		1		1		1
7	1					
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46		1		1		
47		1		1		
48		1		1		
49		1		1		
50		1		1		
TOTAL NO.	43		43		43	
TOTAL OFF.	43		43		43	
TOTAL	43		43		43	